



Health and  
Social Services



# ANNUAL REPORT

1999

# ***Annual Report***

for the year ending March 31, 1999

Department of Health and Social Services

Jones Building, 11 Kent Street, P.O. Box 2000  
Charlottetown, Prince Edward Island, Canada, C1A 7N8  
Tel: 902-368-4900 Fax: 902-368-4969



## MESSAGE OF THE MINISTER



The Honourable Gilbert Clements  
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

It is my privilege to present the Annual Report of the Department of Health and Social Services for the fiscal year ended March 31, 1999.

Respectively Submitted,

Mildred A. Dover  
Minister  
Department of Health and Social Services

# TABLE OF CONTENTS

|                                                                            | Page |
|----------------------------------------------------------------------------|------|
| Operating Principles of the Department of Health and Social Services ..... | 1    |
| Legislative Responsibilities .....                                         | 2    |
| Deputy Minister's Overview .....                                           | 4    |
| Year In Review .....                                                       | 5    |
| L'année En Bref .....                                                      | 7    |
| Organizational Structure                                                   |      |
| Department of Health and Services .....                                    | 9    |
| Health and Social Services System .....                                    | 10   |
| Regional Board Members .....                                               | 11   |
| Divisional Reports                                                         |      |
| Acute and Continuing Care .....                                            | 12   |
| Child, Family and Community Services .....                                 | 19   |
| Medical Services .....                                                     | 25   |
| Finance, Administration and Health Informatics .....                       | 27   |
| Public Health and Evaluation Services .....                                | 32   |
| Corporate Services .....                                                   | 36   |
| Chief Health Officer .....                                                 | 39   |
| Statistical Highlights                                                     |      |
| Acute Care Utilization .....                                               | 40   |
| Physician Complement .....                                                 | 43   |
| Long Term (Continuing) Care .....                                          | 44   |
| Children in Care .....                                                     | 45   |
| Major Programs as a Percentage of Total Budget .....                       | 46   |
| Appendices                                                                 |      |
| Appendix A - Division of Vital Statistics .....                            | 47   |
| Appendix B - Welfare Assistance Program .....                              | 50   |
| Appendix C - Financial Statements .....                                    | 52   |



## OPERATING PRINCIPLES of the DEPARTMENT OF HEALTH AND SOCIAL SERVICES

### ***Vision and Values***

The Government of Prince Edward Island is committed to promoting, protecting and improving the health of Islanders in partnership with Islanders.

This will be accomplished by providing an integrated range of health and social services, as well as supports for people to improve their own health and the health of their communities.

### ***Beliefs***

This commitment is built on the beliefs that:

- Healthy Islanders and communities are key to building a strong and viable future for the province.
- Quality health care depends upon the people who provide services.
- Planning and delivery of health and social services is based on principles of partnerships, fairness, sustainability and accountability.
- Responsibility for health is shared by individuals, families, communities and government.
- Health is determined by a broad range of factors outside the health system including childhood development, economic and social conditions.
- The health system must provide an integrated range of health services within an efficient and effective administrative structure.

### ***Mandate***

The mandate of the Department of Health and Social Services and five Regional Health Authorities is within the policy direction given by the Minister, to provide for and deliver Health and Social Services to the people of Prince Edward Island as set out in the *Health and Community Services Act* established October, 1993 and subsequently amended in April 1997.

### ***Role***

The Department of Health and Social Services is responsible for the overall efficiency and effectiveness of the provincial health system. This is accomplished by working together with the Regional Health Authorities in establishing the overall goals and objectives for the system, developing policies, and allocating funding to the Regions.

## LEGISLATIVE RESPONSIBILITIES

Legislation administered by the Department of Health and Social Services for which the Minister of Health and Social Services is responsible:

### DIVISION RESPONSIBLE

|                                                       |                                       |
|-------------------------------------------------------|---------------------------------------|
| 1. Adoption Act                                       | Child, Family, and Community Services |
| 2. Adult Protection Act                               | Acute and Continuing Care             |
| 3. Change of Name Act                                 | Finance, Admin. & Health Informatics  |
| 4. Child Care Facilities Act                          | Child, Family, and Community Services |
| 5. Chiropractic Act                                   | Corporate Services                    |
| 6. Community Care Facilities and<br>Nursing Homes Act | Acute and Continuing Care             |
| 7. Dental Profession Act                              | Public Health & Evaluation            |
| 8. Dietitians Act                                     | Acute and Continuing Care             |
| 9. Dispensing Opticians Act                           | Corporate Services                    |
| 10. Donation of Food Act                              | Public Health & Evaluation            |
| 11. Drug Cost Assistance Act                          | Acute and Continuing Care             |
| 12. Family and Child Services Act                     | Child, Family, and Community Services |
| 13. Health and Community Services Act                 | Corporate Services                    |
| 14. Health Services Payment Act                       | Medical Services                      |
| 15. Hospital and Diagnostic Services<br>Insurance Act | Medical Services                      |
| 16. Hospitals Act                                     | Medical Services/Acute & Continuing   |
| 17. Housing Corporation Act                           | Child, Family, and Community Services |
| 18. Human Tissue Donation Act                         | Acute and Continuing Care             |
| 19. Licensed Nursing Assistants Act                   | Acute and Continuing Care             |

**LEGISLATIVE RESPONSIBILITIES (Cont'd)**

|                                            | <b>DIVISION RESPONSIBLE</b>           |
|--------------------------------------------|---------------------------------------|
| 20. Marriage Act                           | Finance, Admin. & Health Informatics  |
| 21. Medical Act                            | Medical Services                      |
| 22. Mental Health Act                      | Acute and Continuing Care             |
| 23. Nurses Act                             | Acute and Continuing Care             |
| 24. Occupational Therapists Act            | Acute and Continuing Care             |
| 25. Optometry Act                          | Corporate Services                    |
| 26. Pharmacy Act                           | Acute and Continuing Care             |
| 27. Physiotherapy Act                      | Acute and Continuing Care             |
| 28. Premarital Health Examination Act      | Public Health and Evaluation          |
| 29. Provincial Health Number Act           | Finance, Admin. & Health Informatics  |
| 30. Psychologists Act                      | Corporate Services                    |
| 31. Public Health Act                      | Chief Health Officer                  |
| 32. Rehabilitation of Disabled Persons Act | Child, Family, and Community Services |
| 33. Social Work Act                        | Corporate Services                    |
| 34. Tobacco Sales to Minors Act            | Public Health and Evaluation          |
| 35. Vital Statistics Act                   | Finance, Admin. & Health Informatics  |
| 36. Welfare Assistance Act                 | Child, Family, and Community Services |
| 37. White Cane Act                         | Child, Family, and Community Services |

NOTE: Two other statutes that are private members Bills are not in the Province's Official Consolidation but are considered to be within the responsibility of the Health and Social Services Ministry:

- Dental Technicians Associated Act
- Funeral Directors and Embalmers Association Act

## DEPUTY MINISTER'S OVERVIEW



The Honourable Mildred A. Dover  
Minister of Health and Social Services  
Province of Prince Edward Island

Honourable Minister:

I am pleased to submit the Annual Report of the Department of Health and Social Services for the fiscal year ending March 31, 1999.

Over the years the Provincial Health System has responded to changing health and social services needs while maintaining its ability to ensure essential programs and important initiatives are delivered to Island residents. In 1998/99 the Department and five Regional Health Authorities scored some remarkable successes which are outlined in the report of activities.

Integral to these achievements are the dedicated people who are employed in our Provincial Health System. Many Islanders have benefited through the work of these committed and hard-working individuals, as they continue to provide quality health and social services to those in need. Clearly the Health System will face challenges in the new millennium but I am confident that our organization has the capacity to manage its affairs and to continue to ensure Islanders are served with integrity and commitment.

Respectively submitted,

A handwritten signature in cursive script that reads "Carol Anne Duffy".

Carol Anne Duffy  
Deputy Minister

## YEAR IN REVIEW

Major progress was made in 1998-1999 to achieve our goals in four strategic areas: front line staff; front line services; wellness; and accountability. This required substantial investment in the enhancement of front line services, capital investments in health care infrastructure, and health care workforce renewal initiatives.

Without question, the highlight of the year was the awarding of maximum accreditation status to each of the five health regions by the Canadian Council On Health Services Accreditation. This independent external review serves as a report card to the public on the quality of health services offered to Islanders. All regions received very high marks for quality of care and front line service delivery, based on national standards.

To address the pressing need to replace aging infrastructure in the health system, several major capital projects were announced. Government announced in April 1998 that it would replace the aging Prince County Hospital. A modern \$3.2 million addictions facility was later announced to replace outdated and under-utilized inpatient addictions facilities. Substantial capital and equipment upgrades were made to hospitals and long term care facilities across the province. Construction of a new Provincial Cancer Centre began in the fall.

Physician recruitment initiatives resulted successfully in the placement of several family, emergency room and specialty physicians, including PEI's first geriatrician, and a new radiation oncologist. There were very few physician vacancies at year end. A three-year funding agreement was signed with physicians in June, providing for increases in physician payments, as well as additional funding for new physician positions.

Significant enhancements were made to provincial drug programs, such as a new Multiple Sclerosis Drug Cost Assistance Program, and a new Family Health Benefit to assist lower income families with prescription drug costs. Major increases were also allocated to funding for seniors' medications.

Several initiatives were implemented to address expected increases in the prevalence of diabetes associated with an aging population. A diabetes review and consultation called for regional diabetes clinics, coordinated diabetes services, patient education and self-help programs. These recommendations are now being implemented.

Through participation in the National Child Benefit, two major new programs were announced to assist lower income Island families with the cost of child care and prescription drugs.

A program was implemented to provide pneumococcal vaccine to all residents of seniors' facilities, and community residents 75 years and older.

A provincial Seniors Advisory Council was established to provide Island seniors with a direct voice to Government. The Department was honoured to help coordinate International Year of Older Persons celebrations which promote positive aging and senior friendly communities.

## **YEAR IN REVIEW (Cont'd)**

Government announced its decision to move to a system of combined appointed and elected Board members, beginning in 1999. The new direction will give communities a stronger voice in their health boards.

Several major studies were completed to support policy and program development. An Acute Care Bed Utilization Review was conducted to examine how beds were being used and to address requests for increases in acute care beds. An independent review of the ground ambulance industry was implemented to address issues related to wages and working conditions of ambulance personnel. A major role study was undertaken to determine the broad role of the new East Prince Health facility. The PEI Student Drug Survey was conducted to monitor student drug use in the province and support the development of policy and educational initiatives.

Considerable progress was made to develop a provincial alliance to reduce tobacco use in the province, particularly among youth.

The Department participated in the development of a provincial multi-year child development strategy for children from the prenatal period to early school ages.

Concerted efforts were made to ensure the health system is ready for the Year 2000. All biomedical equipment and information systems were assessed, and necessary repair or replacement plans were implemented. Planning also continued to ensure back-up plans are in place and adequate supplies are available when the clock turns to the year 2000.

These and other initiatives will help to ensure that the health system is well positioned to deliver quality in health care and service now, and well into the new millennium.

## L'ANNÉE EN BREF

Nous avons fait d'importants progrès en 1998-1999 afin d'atteindre nos buts dans quatre domaines stratégiques : le personnel aux points de service, les services d'accueil, le mieux-être et la responsabilisation, ce qui a exigé un important investissement au niveau de l'amélioration des services d'accueil, d'un investissement dans l'infrastructure des soins de santé et des mesures de renouvellement des employés en soins de santé.

Le point saillant de l'année a été sans contredit l'agrément, au statut maximum de chacune des cinq administrations régionales de soins de santé par le Conseil canadien d'agrément des services de santé. Cette étude externe et indépendante sert de fiche de rendement au grand public sur la qualité des services de santé offerts aux Insulaires. Chaque région a reçu de très hautes notes pour la qualité de ses soins et de sa prestation de services d'accueil, selon les normes nationales.

Afin de satisfaire au besoin pressant de remplacer une infrastructure vieillissante dans le réseau de la santé, plusieurs projets d'immobilisation majeurs ont été annoncés. Le gouvernement annonçait en avril 1998 le remplacement de l'hôpital vieillissant du comté de Prince. Une installation moderne pour le traitement de la toxicomanie de 3,2 millions de dollars a ensuite été annoncée pour remplacer l'installation existante désuète et sous-utilisée. Les hôpitaux et installations de soins de longue durée de la province ont reçu des sommes importantes ainsi que plus d'équipement. La construction du nouveau centre d'oncologie provincial a commencé à l'automne.

Les efforts de recrutement de médecins a connu de bons résultats; plusieurs médecins de famille, urgentistes et spécialistes ont été embauchés, y compris le premier gériatre de la province et un nouveau oncologue-radiothérapeute. À la fin de l'année, il ne restait que quelques postes à combler. En juin, une entente de financement de trois ans a été conclue entre les médecins, visant l'augmentation des salaires des médecins ainsi que plus de financement pour de nouveaux postes de médecins.

D'importantes améliorations ont été apportées aux programmes provinciaux de médicaments, y compris le nouveau programme de financement du médicament contre la sclérose en plaques et le nouveau programme de prestation de santé familiale pour aider les familles à bas revenus à payer le coût des prescriptions. On a également accordé des sommes importantes pour le paiement de médicaments pour les aînés.

Plusieurs projets ont été mis en oeuvre en vue de l'augmentation prévue des cas de diabète associé à une population vieillissante. Une étude et une consultation sur le diabète ont recommandé l'établissement de cliniques régionales, de services coordonnés, d'éducation des patients et de programmes d'autothérapie. On est en train de mettre en oeuvre ces recommandations.

Grâce au programme de prestation nationale pour enfants, deux programmes majeurs ont été annoncés pour aider les familles à bas revenu de l'île à payer les coûts de soins des enfants et de médicaments.

## **L'ANNÉE EN BREF (Suite)**

Un programme a été mis en oeuvre afin de fournir le vaccin antipneumococcique aux résidents des foyers pour aînés et aux résidents communautaires âgés de 75 ans ou plus.

Un Conseil consultatif provincial pour aînés a été créé afin que les aînés de la province aient une voix directe au gouvernement. Le ministère avait l'honneur d'aider à coordonner les célébrations entourant l'Année internationale des personnes âgées, faisant la promotion du vieillissement positif et des communautés adaptées aux besoins des aînés.

Le gouvernement a annoncé sa décision de faire siéger à son Conseil des membres nommés et des membres élus, à compter de 1999. Cette nouvelle direction permettra aux communautés de participer plus activement au sein de leur administration régionale de soins de santé.

Plusieurs études importantes ont été terminées afin d'appuyer d'élaboration de politiques et de programmes. Une étude d'utilisation des lits pour malades de soins aigus a été menée afin d'examiner comment les lits sont utilisés et de répondre à la demande d'augmentation des lits pour malades de soins aigus. Une étude indépendante de l'industrie ambulancière a été mise en oeuvre afin d'aborder les questions reliées aux salaires et aux conditions de travail du personnel ambulancier. Une étude de rôle majeure a été menée afin de déterminer l'étendu du rôle de la nouvelle installation de soins de santé du comté de Prince. Une enquête sur l'usage des drogues par les étudiants de l'Î.-P.-É. a été menée afin d'évaluer l'usage des drogues par les élèves de la province et d'appuyer l'élaboration de politiques et mesures éducationnelles.

Un progrès marqué a été réalisé afin de développer une alliance provinciale pour réduire l'usage du tabac dans la province, surtout parmi les jeunes.

Le ministère a participé à l'élaboration d'une stratégie provinciale de développement de l'enfant, s'échelonnant sur plusieurs années, à partir de la période prénatale jusqu'aux premières années scolaires.

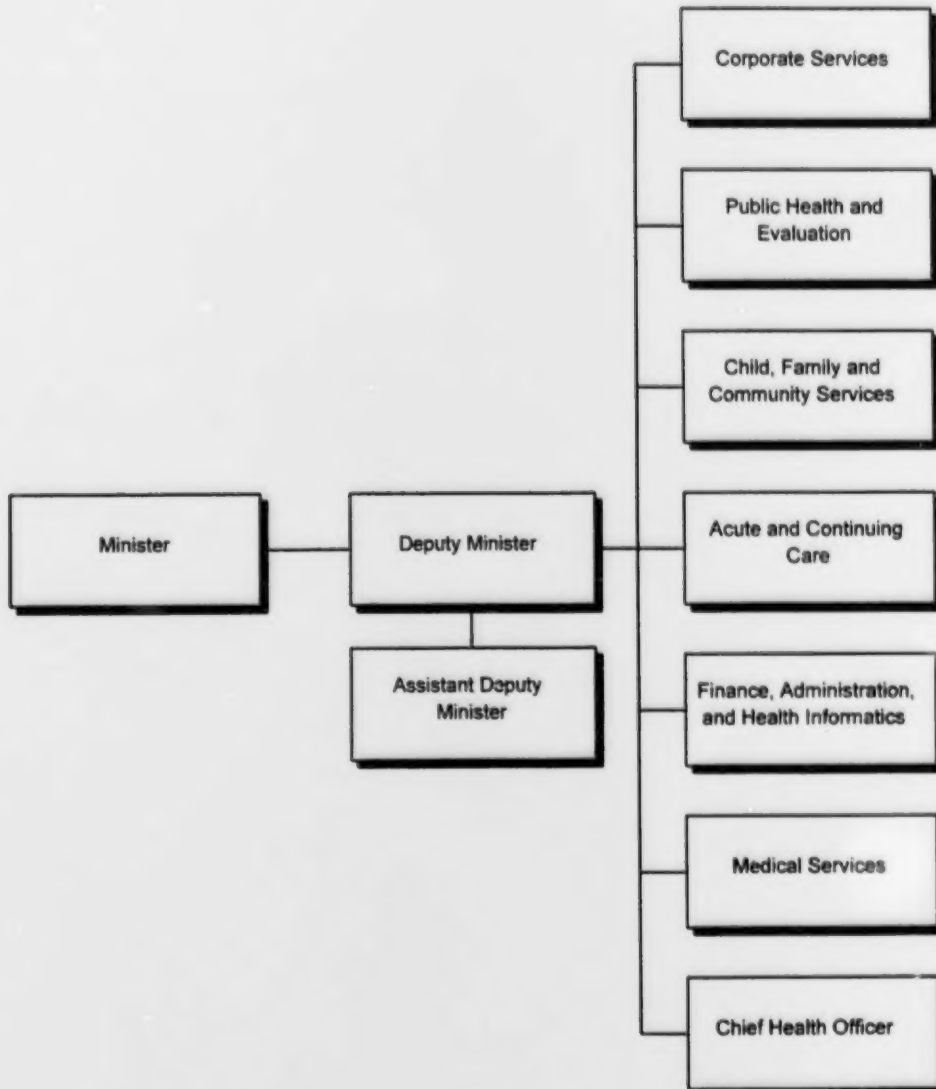
Des efforts concertés ont été déployés afin d'assurer que le réseau de santé est prêt pour l'an 2000. Tout l'équipement biomédical et les systèmes d'information ont été évalués, les réparations nécessaires ont été effectuées et les plans de remplacement ont été mis en oeuvre. On a également assuré que des plans d'urgence soient en place et que suffisamment d'équipement soit disponible à l'arrivée de l'an 2000.

Ces mesures ainsi que bien d'autres assureront que le réseau de la santé sera prêt à offrir des soins et des services de santé de qualité maintenant et au cours du nouveau millénaire.

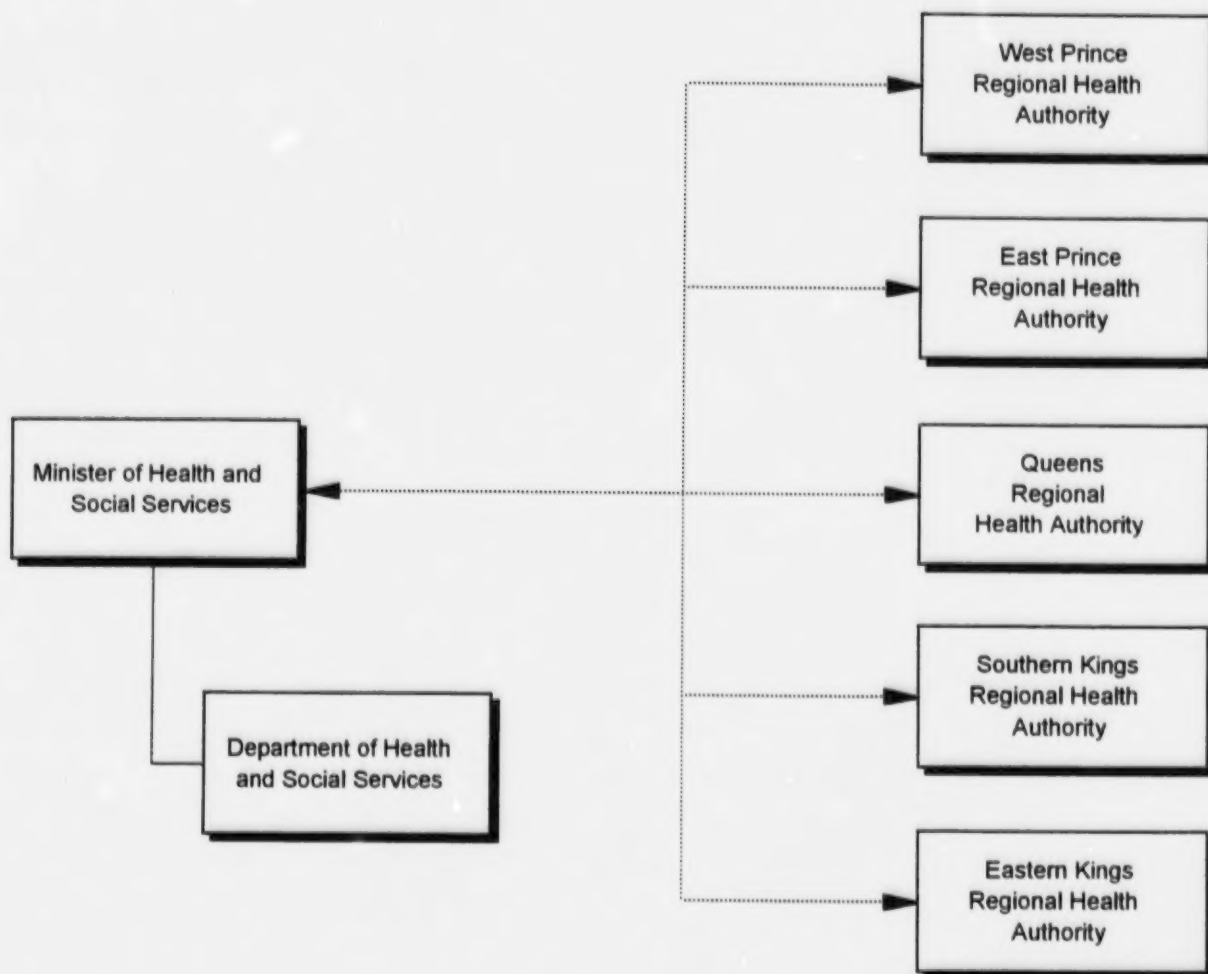
## ORGANIZATIONAL STRUCTURE

### DEPARTMENT OF HEALTH AND SOCIAL SERVICES

AS AT MARCH 31, 1999



**PRINCE EDWARD ISLAND  
HEALTH AND SOCIAL SERVICES SYSTEM**  
AS AT MARCH 31, 1999



## **REGIONAL BOARD MEMBERS - 1998/99**

AS AT MARCH 31, 1999

### **Eastern Kings Health**

Boyd Rose, Chair  
Mary MacPhee, Vice Chair  
Carol Aitken  
Louise MacDonald  
Thelma MacDonald  
Joe MacKinnon  
Brian McGuire

Mark MacPherson  
Chief Executive Officer

### **Southern Kings Health**

Michael Gallant, Chair  
Grace Blackette, Vice Chair  
Thomas Carver  
Donald MacDonald  
Thelma MacLeod

Betty Fraser  
Chief Executive Officer

### **Queens Health**

Sylvia Poirier, Chair  
Dr. David McKenna, Vice Chair  
Dr. James Murphy  
Dr. Ken Grant

Gordon MacKay  
Chief Executive Officer

### **West Prince Health**

Cletus Dunn, Chair  
Orville Willis, Vice Chair  
Charles Adams  
Karen Buote  
Joan Gaudet  
Ernest Hudson  
Richard Wightman

Ken Ezeard  
Chief Executive Officer

### **East Prince Health**

Katherine Kelly, Chair  
Marilyn Sark, Vice Chair  
Angie Cormier  
Ron Maynard  
Gerald McCarville  
Maynard Schurman

Kevin Barnes  
Acting Chief Executive Officer

## **DIVISIONAL REPORTS**

### **ACUTE and CONTINUING CARE**

**Role** The mandate of the Acute and Continuing Care Division is to provide support to acute, continuing and home care programs and services. This function includes the development of policy direction and operational guidelines to guide the Regional Health Authorities in program and service delivery.

**Overview** **ACUTE CARE**

The Acute Care Section's responsibilities include: planning and policy direction in the areas of Pharmacy and Nursing Services; Hospital Services, Blood Services, Ambulance Services, Out of Province Referrals and Dialysis Treatment Program.

**CONTINUING CARE**

The Continuing Care Section provides planning and policy development related to programs and services in the areas of Home Care and Support, Long Term Care, Adult Protection, Senior Services, Private Nursing Homes & Community Care Facilities and Dietetic Services.

### **Highlights**

**Acute Care Bed Utilization Study** A study was completed on Acute Care Bed Utilization. The information from the study is being used by the Regions to evaluate current patterns of bed use; identify areas of practice where more focussed utilization management activities would be helpful; and achieve the most appropriate balance of hospital, outpatient, home based, long term and other care services.

**Kings County Memorial Hospital** Service delivery patterns in the Lab/X-Ray Department of the Hospital have changed over the past year. A new staff member was hired and an additional evening shift created. With a technician on duty until midnight, physicians and members of the community have better access to services. Previously, a staff member was on-call during the evening and night.

**Queen Elizabeth Hospital Helipad** The province's only Hospital helipad was renovated in 1998 and obtained Transport Canada certification in July 1998.

**ACUTE and CONTINUING CARE (Cont'd)****Provincial  
Cancer  
Treatment  
Centre**

Significant progress has been made toward establishing a Provincial Cancer Treatment Centre at the Queen Elizabeth Hospital. The new service, expected to be fully operational in June 1999, will offer higher quality care and a more extensive range of services. At the same time it will reduce the financial costs, inconvenience and emotional costs for Island families who must travel to another province for treatment while trying to deal with great personal crisis in their lives.

**New Diagnostic  
Equipment at  
Queen Elizabeth  
Hospital**

A Bone Densitometer, which measures bone density and strength, was added to the Diagnostic Imaging Department of the Queen Elizabeth Hospital in August 1998.

**Out of Province  
Liaison  
Program**

For the past 10 years, the Department has operated an Out-of-Province liaison program in Halifax which provides support to PEI patients staying in out of province hospitals, and assists PEI patients to return to their home hospitals as soon as it is medically feasible.

The number of patients transferred back to a PEI hospital during the 1998 -1999 year was 202, which represents an increase of 20% over the 168 patients transferred the year prior. Transfers for the 1998 -1999 fiscal year resulted in savings of approximately \$2.4 million for the PEI health system.

**PEI Dialysis  
Program**

The PEI Dialysis Program is a community based service that operates under the medical direction and supervision of the Nephrology team at the QEII Health Services Centre in Halifax.

Two types of dialysis service, peritoneal and haemodialysis, have been provided to forty-four (44) people in their home communities, with the assistance and support of registered home care nurses. This delivery approach within homes and regional sites fosters client independence.

Dialysis nursing staff received specialized training and participated in regular certification procedures designed to monitor competency and standards of care. The addition of a part time float nurse, available to all regions, has improved service delivery to clients.

**Maintenance  
and  
Improvements**

One million dollars was directed toward needed maintenance and improvements in the home care and long term care sectors. This investment resulted in equipment upgrades and replacement.

## **ACUTE and CONTINUING CARE (Cont'd)**

### **Hemophilia Nursing Services**

The Department and the PEI Chapter of the Canadian Hemophilia Society continued joint funding of the Hemophilia Nursing Service. This service is provided to Prince Edward Islanders by the Nurse Coordinator located at the Moncton Hospital Hemophilia Clinic. The service includes: 24 hour toll-free telephone access; home visits; health care facility visits; patient care management, counselling and follow-up; and individual or group education/information sessions for PEI patients, families and health professionals as needed.

### **Drug Cost Assistance Program**

In October 1997 government introduced automatic eligibility for the Seniors Drug Program when seniors reach their 65th birthday. Approximately 600 more seniors received benefits from the Seniors Drug Cost Assistance Plan than in the previous fiscal year, bringing the total to 12,900 seniors. 162,480 prescriptions were paid for by the Plan.

### **Multiple Sclerosis Drugs**

The Multiple Sclerosis Drug Cost Assistance Program was introduced to help Islanders who suffer from relapsing-remitting Multiple Sclerosis with the purchase of four new MS medications. Sixteen Islanders received assistance since the Program's inception in November 1998.

### **PEI Ground Ambulance Study**

As part of 1998 contract negotiations between the Department and the Ambulance Operators Association of PEI, it was agreed that a study of the PEI Ground Ambulance Industry would be helpful in planning the future direction of ambulance services in the province, and assist in resolving outstanding issues related to wages and benefits of ambulance personnel. The study has been completed and recommendations are in the process of being reviewed and implemented.

A User Survey was also conducted during the course of this study. Results indicated a 90% satisfaction rate with response time and type of service being provided.

### **Provincial Geriatrician Service**

The provincial Geriatrician Service established in 1998 provides clinical assessment to seniors with complex diagnostic, care and support needs. Consultation with family physicians and care providers is a key component of the service. An added benefit is the knowledge and expertise which the health system is gaining about disorders which negatively affect cognition and independent functioning in seniors.

## **ACUTE and CONTINUING CARE (Cont'd)**

|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Continuing Care Advisory Committee</b>         | A provincial Continuing Care Advisory Committee, consisting of private and public sector representatives, was formed to provide advice and recommendations in planning, policy development, coordination and implementation of home care, long term care and community care programs and services.                                                                                                                                                                                                                                  |
| <b>Community Funding</b>                          | <p>Additional investments were provided to the Community Care Facility and Private Nursing Home sector to help meet increasingly complex care needs.</p> <p>Initial steps have also been taken to develop consistent per diem rates for subsidized residents in private nursing homes. This will provide increased equity in funding nursing care services.</p> <p>Work is also underway to develop a new rate structure for subsidized residents in community care facilities.</p>                                                 |
| <b>Nursing Home Admissions</b>                    | <p>There were 380 admissions to nursing homes on PEI in 1998 -1999 compared to 360 admissions in the previous year.</p> <p>The average age of admission to nursing care has increased to 85.5 years in 1998 -1999 compared to 82.6 years in 1997-1998.</p> <p>In 1998 -1999, the average length of stay in a nursing home was 2.4 years for 96% of residents.</p>                                                                                                                                                                   |
| <b>Neurotrama Fund</b>                            | In May, 1998, Government approved the establishment of a PEI Neurotrama Fund in the amount of \$50,000 to support new programs in the areas of injury prevention, rehabilitation, and neurotrama research in PEI. Government indicated the possibility for renewal of funding for two additional years, based on favourable reviews and evaluation of outcomes. The Neurotrama funding allocated by the Province is administered by the national Rick Hansen Institute, in partnership with a Provincial Neurotrama Fund Committee. |
| <b>Training for Private Health Care Providers</b> | Twenty staff development workshops were conducted for staff and management of community care facilities and privately operated nursing homes. Among the topics were nutrition, dietetics, sanitation and infection control, and assessing levels of care.                                                                                                                                                                                                                                                                           |

## **ACUTE and CONTINUING CARE (Cont'd)**

### **Home Care Initiatives**

The demand for home care services, in both number and intensity, continues to grow. Three federally funded projects were launched in the area of home care.

The Integrated Mental Health Response for Seniors in Home Care Project will develop screening and diagnostic protocols to earlier identify, diagnose, and support seniors, families and caregivers in treating depression, confusion, and dementia.

The Nova Scotia/PEI Rural Palliative Home Care Project will pilot and evaluate a rural palliative home care model in three rural regions in Atlantic Canada: the East Prince Health and Southern Kings Regions of PEI, and the Northern Health Region of Nova Scotia.

West Prince Health, in cooperation with the Canadian Palliative Care Association, has been granted federal funding to pilot an innovative "telemedicine" initiative. Focussing on home based care for those who are dying, fully interactive audio-visual equipment will be made available to individuals and families. Referred to as the "Telehospice Project", the service will enable the dying person and their family to have live visual and audio contact with the home care nurse and other health professionals up to 24 hours per day.

### **Gerontological Certification**

Six Island nurses received certification in Gerontological Studies from the Canadian Nurses Association. This is the first year this certification has been offered to recognize gerontological nurses for their specialized knowledge and skills.

### **Breast Health Screening Program**

Mammography Screening Clinics introduced at the Queen Elizabeth and Prince County Hospitals in early 1998 have been a tremendous success in enabling women in the 50-69 age group to access breast health screening, without the necessity of a physician referral. The addition of a third mammography unit in the province has meant that many more women in the at-risk age groups are being screened than was possible in the past.

### **Policy Development**

Policy development in a number of areas was initiated, including development of more comprehensive Adult Protection operational policies; standards and guidelines for special care units for clients suffering from Alzheimer and other related dementias; and guidelines for managing an unexpected death in the home and pronouncement of death in the home.

## ACUTE and CONTINUING CARE (Cont'd)

### International Year of Older Persons

Appreciating the contributions that older people make to society, the United Nations declared 1999 as the International Year of Older Persons, with the theme "Toward A Society for All Ages". A provincial Planning Committee was established in June 1998 to organize and coordinate initiatives which recognize the contribution of seniors, to celebrate their achievements, and support events planned by groups and communities to commemorate the International Year of Older Persons.

### Seniors Advisory Council

The Prince Edward Island Seniors' Advisory Council was created in June 1998 to advise government, through the Minister Responsible for Seniors, on current and future issues that concern the seniors of the province, and to strengthen the voice of seniors in government.

In their first year, the Council focussed on becoming familiar with existing policies, programs, services for seniors and reviewed current and emerging issues of concern to seniors through the study of recent reports and reviews. At the request of government the Council also reviewed and advised government on proposed changes to the Drug Cost Assistance Program.

### Accreditation

The accreditation program operated by the Canadian Council on Health Services Accreditation (CCHSA) provides health organizations with an effective means to assess their performance against a set of nationally applied standards.

In June, 1998 the five Regional Health Authorities voluntarily participated in onsite accreditation survey visits conducted by CCHSA. PEI was the first province to participate in concurrent surveys in all health regions. A survey team of health professionals assessed the quality of health services and in October, 1998 each region was awarded a three year accreditation, the maximum award available.

Recommendations made by the surveyors to improve quality in the PEI Health System are being addressed by the Regional Health Authorities and the Department. The next accreditation is scheduled for 2001.

## **ACUTE and CONTINUING CARE (Cont'd)**

### **Canadian Blood Services**

In September 1998 the Canadian Blood Services (CBS), as the successor to the Canadian Red Cross Blood program and the Canadian Blood Agency, assumed responsibility for managing the blood supply system in all Provinces and Territories except Quebec. The Provincial and Territorial Ministers of Health provide the operational funding to CBS.

## CHILD, FAMILY and COMMUNITY SERVICES

### **Role**

The function of the Child, Family and Community Services Division is to provide leadership and direction to a wide range of programs and services in the child services, community services and income security areas. Providing policy direction and operational guidelines to the Health Regions as well as program administration and development are among the Division's primary responsibilities.

The Division is organized into three sections.

### **Overview**

#### **CHILD WELFARE SERVICES**

The Child Welfare Services Section is responsible for provincial policy development and administration of child welfare services, consultative support to Regions, monitoring, analysis, research, policy, and standards activities in the areas of child welfare, adoptions, post-adoptions, child protection, foster care, and youth services. This section is also responsible for enforcement of the *Family and Child Services Act* and the *Adoptions Act*.

#### **COMMUNITY SERVICES**

The Community Services Section is responsible for provincial development and coordination of policies and programs for: children and youth (pre-natal - 18 years); mental health; addictions; grants to community-based agencies; housing; and family violence, through the Premier's Action Council on Family Violence Prevention. This section provides support to Regional Health Authorities and communities in the development and monitoring of programs, provides a provincial voice for speech and audiology services, and is responsible for the *Child Care Facilities Act*, *Mental Health Act*, and *Housing Corporation Act*.

#### **INCOME SECURITY**

The Income Security Section is responsible for policy development and advisory support to Regions, analysis, research, policy, and standards activities in the areas of financial assistance, job creation, employment enhancement, disability supports and services, and family support orders. This section is responsible for monitoring the enforcement of the *Welfare Assistance Act*.

## **CHILD, FAMILY, and COMMUNITY SERVICES (Cont'd)**

### **Highlights**

#### **National Child Benefit**

Through the National Child Benefit (NCB), Prince Edward Island has invested funds in programs and services for low-income families, which include:

- (1) The PEI Child Care Benefit implemented in August 1998 to enhance the existing Child Care Subsidy Program. \$400,000 was provided to increase the per diem rates and to adjust the sliding fee scale to provide greater access to subsidized child care. More than 800 children benefited through this program.
- (2) \$100,000 in special needs grants to child care centres.
- (3) \$200,000 in additional support for Employment Enhancement and Job Creation for parents receiving social assistance.
- (4) \$100,000 in start-up funding for the PEI Institute of Adult and Community Education;
- (5) \$50,000 for enhanced child welfare services.
- (6) The PEI Family Health Benefit, a program to assist families with children and net annual incomes under \$20,000, with the cost of prescription medications, will become operational in April 1999.

#### **Choice and Opportunity**

The Choice and Opportunity initiative which was completed in March 1999, provided supports directly to individuals with an intellectual disability through the pilot Targeted Supports Program. Although this initiative has ended, the Province intends to carry the work forward. As a result of the lessons learned from this project a review of services and supports provided to people with disabilities is underway.

#### **Benefits & Services to People with Disabilities**

In the area of benefits and services for persons with disabilities, federal-provincial activities resulted in two particular highlights in 1998/99. The first was the implementation of a new program known as Employability Assistance for People with Disabilities. This program increases employment training and placement opportunities for persons with disabilities. The second highlight was the development of a vision paper, *In Unison: A Canadian Approach to Disability Issues*, which articulated both a vision based on the values of equality, inclusion and independence for all Canadians and is to serve as a touchstone for the review and updating of disability-related supports and services.

## **CHILD, FAMILY, and COMMUNITY SERVICES (Cont'd)**

### **Mental Health Services**

Provincial standards and policy manuals have been developed for Community Mental Health Services with supplements for a "Community Options Placement Program" and a "Medication Monitoring Program".

Children's mental health service delivery has been enhanced via tele-health services contracted from the IWK in Halifax and accessed through video conferencing and monthly on-site visits.

A new direction in mental health service delivery is being implemented in East Prince whereby community mental health and the hospital-based program will work more collaboratively.

A Lifestyle Awareness Program, operated from McGill Community Mental Health offers programs to staff in government or private agencies addressing such concerns as coping with worksite stress and with a positive emphasis on developing balance.

Mental health professionals are participating in school-based teams such as the Queens Region's MAST (Multi-Agency School Teams) as part of a collaborative attempt to identify youth at risk and be proactive in addressing potential problems.

### **Addiction Services**

The Province and Health Canada signed an Alcohol and Drug Treatment and Rehabilitation Agreement. This is a 50/50 cost shared program between the Province and the federal government to enhance PEI's Addiction programs and services to youth, women and families. The federal government's share of this financial agreement is \$305,547 for the fiscal year 1999/2000.

The McQuaid Report on addiction services was completed and a three-year implementation has been initiated. Significant recommendations include:

- (1) The development of provincial standards and policies for all programs.
- (2) Expanded programs and services.
- (3) Consolidation of detox beds.

A Gambling Prevalence Study is being conducted. Results will provide direction to establish program planning and service delivery.

Out-patient detoxification programs are underway in one region and in the process of development in other regions.

## **CHILD, FAMILY, and COMMUNITY SERVICES (Cont'd)**

### **Addiction Services (cont'd)**

A permanent full-time Addictions Coordinator position in the Department was created, as well as six Youth Addictions Counsellor positions in the Regions. In addition, the Department hired a temporary employee to lead the development of the Women's Program.

Training programs are being offered province-wide to health, education and enforcement personnel to increase the level of understanding related to youth substance use and to prepare staff to offer Student Assistance Programs in Island schools.

Substance Abuse Subtle Screening Inventory (SASSI) training was initiated in all health regions.

In response to the 1998 Student Alcohol and Drug Survey recommendation to enhance initiatives to deal with student substance use, six new Youth Addictions Counsellors were hired. These counsellors will provide awareness, assessment, counselling and treatment services to youth harmfully involved with alcohol and/or other drugs.

In partnership with the health regions, the Provincial Student Assistance Program was developed. This program provides awareness and assistance to students harmfully involved with alcohol and/or other drugs and to students adversely affected by someone's substance abuse currently. The program is in place in several junior and senior high schools across the Province.

### **Supports for Children, Youth, Families**

The Department has been an active partner in the PEI Family Literacy Advisory Committee. This committee has facilitated the development of a knowledge base to identify, promote and increase family literacy activities in PEI, has initiated discussions with the Nova Scotia Family Literacy Advisory Committee for future network support, and has developed an evaluation process to review and refine the Strategic Plan after its initial two-year operation.

Permanent full-time positions were created for a Youth Consultant and a Child Protection/Foster Care Consultant. In addition, full-time temporary positions were established to lead the "Looking After Children" and "Teen Parents" Projects.

The Health Regions contributed \$100,000 as part of start-up funding for the PEI Institute of Adult and Community Education. This new institute will increase opportunities for educational upgrading at the local level in numerous PEI communities.

## **CHILD, FAMILY, and COMMUNITY SERVICES (Cont'd)**

### **Supports for Children, Youth, Families (cont'd)**

PEI is providing leadership in a Canada-wide research project to examine models of child care licensing and monitoring across Canada, the United States, and selected European countries. This project will also identify training needs for inspectors.

Another initiative was the development of the National Children's Agenda, aimed at creating a Canada where all children are physically and emotionally healthy, safe and secure, successful at learning, socially engaged and responsible. A national vision paper is being readied for discussion and a public consultation process is ready to kick-off in the spring of 1999. The work on the National Children's Agenda complemented PEI's own activity on Healthy Child Development.

### **Family Violence**

Divisional staff participated in a pilot project on psychosocial assessments during pregnancy in partnership with PEI Reproductive Care Program and family physicians.

A Family Violence Resource Guide was developed for use in hospitals, service centres, and physicians' offices.

The Division co-hosted a public workshop, entitled "Understanding the Journey to Healing from Childhood Sexual Abuse"; and with the RCMP held a public forum entitled "It's Up To Me" on teaching children skills for building healthy relationships.

A public forum lecture and training sessions for frontline service providers and police cadets at the Atlantic Police Academy on "Battered Woman Syndrome" were hosted.

A resource guide was developed for physicians and nurses entitled "Family Violence: How You as a Health Care Professional Can Make a Difference!"

Local training sessions were offered to Island physicians on the dynamics of family violence and community resources available to help them.

### **Housing**

Seniors housing policies were updated to provide provincial policy direction on housing services.

## **CHILD, FAMILY, and COMMUNITY SERVICES (Cont'd)**

### **Adoption Services**

Thirty domestic adoptions were completed during the year. Adoptions facilitated by the Department included two infants and five children with special needs. Private adoptions included fourteen step-parent adoptions, three relative, five non-relative infant adoptions, and one adult adoption.

Post Adoption Services responds to the inquiries and needs of adult adoptees, birth parents, and birth family members. Fifty-seven new applications for service were received during the year. The average waiting period for these services was reduced from twelve to ten months.

## MEDICAL SERVICES

### **Role**

The Medical Services Division is responsible for coordinating the delivery of medical services to the population and for the development of effective partnerships between physicians and others in the health care delivery system.

### **Overview**

This Division is accountable for the administration of health services under the *Hospital Act* and the *Health Services Payment Act*; medical aspects of health programs and services; Medicare program; physician services, consultations, negotiations; physician billing assessment and payment.

### **Highlights**

#### **Master Agreement**

A three-year Master agreement was reached between the Department and the Medical Society of Prince Edward Island. The agreement consolidated several previous agreements: Fee for Service; Salaried Physicians; Rural on Call; Emergency Room Sessional Fee; Long-Term Care; Palliative Care; and Addiction Services.

#### **Physician Resource Planning**

The Physician Resource Planning Committee has been established for the purpose of directing and managing a physician resource plan for the province. The Committee has four representatives from the Medical Society, and two each from the Department and the PEI Health Association.

The Division continues to meet with the Dalhousie Medical Students on a yearly basis and collaborates with other Provinces in Canada through membership on the Atlantic Coordinating Committee on Medical Education (ACCME) and National Coordinating Committee on Post-Medical Training (NCCPMT). PEI Acts as Co-Chair for both committees.

A Radiation Oncologist and Medical Physicist were recruited and hired for the Provincial Cancer Treatment Centre at the Queen Elizabeth Hospital.

In the past year, several physician positions were filled as a result of vacancies, replacements and additions to the physician complement in General Practice, Plastic Surgery, Obstetrics, Geriatrics, Ophthalmology, Radiation Oncology, and Emergency Medicine. As well, an additional position was filled in Oral Maxillofacial Surgery.

## **MEDICAL SERVICES (Cont'd)**

### **Provincial Patient Registry**

Since its inception in December 1997, the Provincial Patient Registry has been successful in placing 823 Islanders and newcomers to the Province with a family physician. This registry provides a more coordinated support to people seeking a family physician and assists family physicians with more orderly introduction of new patients into their practices.

### **Joint Consultation Committee**

The Joint Consultation Committee formed as a result of the Master Agreement continues to meet on a monthly basis and is co-chaired by member from the Medical Society and a member of the Department. A committee has been developed to implement a Provincial Remuneration Program for house physicians in all public and private long-term care facilities. The Committee is developing policies on a salary scale for general practitioner classification and guidelines for the conversion of practices from fee-for-service to alternate payment or salary and vice-versa.

### **Resident Registration System**

Plans continue for a new Registration and Medical Claims Processing System which will expedite payment information and provide access to updated PEI Resident demographic information.

## FINANCE, ADMINISTRATION and HEALTH INFORMATICS

### Role

The Finance, Administration and Health Informatics Division has overall responsibility to the Health System in the areas of: financial administration; contract management; payroll processing; medical claims report processing; information systems development and support; client registration and vital statistics.

In addition to ongoing Divisional responsibilities, the Division Director has assumed the role of Project Director for the new East Prince Health Facility.

### Overview

#### FINANCE & ADMINISTRATION

The Finance and Administration Section which is under the direction of the Assistant Deputy Minister, is responsible for the overall financial administration of the Department. Major areas of responsibility include: budget preparation, monitoring & forecasting; processing of all Departmental expenditures; revenue management; financial planning & analysis; auditing & investigation services; research & development in financial and policy related areas; and managing the administrative requirements associated with the *Housing Corporation Act*.

#### HEALTH INFORMATICS

The Health Informatics section, which is comprised of two branches, has overall responsibility for the planning, implementation, support and management of Health System's information technology infrastructure, provincial applications and information resources.

#### Implementation and Support:

This area is responsible for the implementation, support and management of all provincial applications, the Island Health's wide area network and all provincial technology components. This includes such items as development and management of project plans, contract management, provincial support services for end users, data base administration, etc. The branch is also available to provide consulting services to the Department and the Regions for technology projects.

## **FINANCE, ADMINISTRATION and HEALTH INFORMATICS** (Cont'd)

### Information Resource Management:

This component is responsible for the strategic planning and management of the Health System's information resources. This includes such activities as development of a system Information Resource Management Plan, data standards development, development and implementation of strategies for the extraction and analysis of information as well as the development of options for information dissemination. The branch is also responsible for all aspects of security from policy to technology solutions and has a role to play in the areas of confidentiality and privacy.

### **VITAL STATISTICS**

The Office of Vital Statistics maintains vital event information for the Province. The annual report of the Office is contained in Appendix A.

### **EAST PRINCE HEALTH FACILITY**

In April 1998 Government announced its commitment to construct a new Health Facility to replace the existing Prince County Hospital. Working in partnership with East Prince Health, the Department, through the role of the Project Director, is responsible for all phases of planning, development and design of the facility.

### ***Highlights***

#### **Auditing and Investigation Services**

Previously a joint Regional and Departmental responsibility, auditing of the financial assistance program was centralized within the Finance and Administration Section. This change reduced duplication within the regions and also increased the capacity of the Section to conduct investigations and audits of the financial assistance program and to provide an educational component for management and operational staff with the objective of ensuring consistent application of program policies and procedures across the province.

#### **Employee Data Base Administration**

The Finance and Administration Section worked closely with the Corporate Services Division, the PEI Public Service Commission, and a human resources consultant firm to provide employee data base administration. This data base has been very helpful in negotiations, succession planning and demographic reporting.

## **FINANCE, ADMINISTRATION and HEALTH INFORMATICS**

(Cont'd)

### **Financial Analysis**

Two vacant positions for financial analysts were filled in order to expand the Division's ability to provide financial planning and analysis services. Key responsibility areas include: program spending, revenue and budgetary requirements for the Health and Social Services system, ensuring information is available for financial planning and accountability, and enhancing liaison with the regions.

### **Audit of DCAP**

A field audit of the Drug Cost Assistance Program (DCAP) for seniors was conducted by an independent accounting firm. The main objective of the field audit was to assess the integrity of the claims/billing process through the Pharmaceutical Informatics Project (PhIP) which had been implemented in October 1997. The audit did confirm the integrity of PhIP while recommending areas for improvement which will be addressed in collaboration with the PEI Pharmaceutical Association and the PEI Pharmacy Board.

### **Third Party Auto Levy**

The Province of PEI implemented an auto levy system in 1992 for the recovery of medical and hospital costs from third party insurers replacing civil litigation on a case by case basis. The Department of Health & Social Services in cooperation with the Department of Community Services and Attorney General initiated a review of the adequacy of the third party levy. This review includes measuring health care costs against revenue received by the Province from third party automobile insurance levies to determine a realistic levy. It is anticipated that the review will be completed in June 1999.

### **Year 2000**

The Division has been very focussed on the Year 2000 Readiness Challenge and has assembled an effective, knowledgeable Year 2000 health system team that is working on Biomedical, Facilities, Information Technology, Supply Chain and Business Continuity & Contingency Planning.

### **Case Management**

With input from front-line staff in the many non-acute Health services (social services, mental health, home care, public health nursing, etc.), a framework for a generic case management system was designed, outlining the required functionality for all the services. A successful, functional gap analysis was then completed between our requirements, and those included with the new system for Veteran Affairs.

## **FINANCE, ADMINISTRATION and HEALTH INFORMATICS**

(Cont'd)

### **East Prince Health Facility**

The first phase of planning the new health care facility to replace Prince County Hospital was a Role Study that established the high level program scope and had recommendations in four areas: Acute Care; Wellness; Integration of Services; and Information Technology

The next major planning process, the Master Program, Functional Program is to be completed by August 31, 1999 and will produce details on services, programs, size, equipment and costs.

A Site Selection Committee issued a Request for Proposals in January 1999 for site proposals and twenty-three sites were offered. The Committee evaluated the sites and the selection of the site is expected to be made in early April 1999.

Government is committed to exploring a Public Private Partnership for the development of the Facility and fifteen meetings were held with Staff, Management, Unions, Physicians, Community, Board Foundation, City of Summerside, and the Media to explain the exploration process. A Request for Qualifications (RFQ) to explore a public private partnership was issued in March 1999. The RFQ will be evaluated in July 1999 and a short list of three proponent consortiums will be chosen for the next phase of the process.

#### **Key Project Dates**

- April 98 Government announced the new facility
- July 98 Role Study initiated
- Oct 98 Project organization approved
- Dec 98 Role Study released
- Request for Proposals issued, Master Functional Program
- Jan 99 Request for Proposals issued, Site Selection
- Feb 99 Award Master and Functional Programs contract
- March 99 Release Request for Qualifications for Public Private Partnership
- April 99 Select site for new facility
- July 99 Short list Request for Qualifications proponents to three
- Decision to pursue a partnership
- Aug 99 Master and Functional Programs completed
- Sept 99 Release Request for Proposals to develop new facility
- Nov 99 Evaluate Request for Proposals
- Dec 99 Select successful proponent
- Initiate detail design
- May 2000 Begin construction

## **FINANCE, ADMINISTRATION and HEALTH INFORMATICS**

(Cont'd)

### **Technology Support to Programs**

The Provincial Social Services Management Information System (SSMIS) was modified to enable the processing of a data feed containing the appropriate National Child Benefit Supplement information from Revenue Canada. The data feed is provided monthly and is used to calculate the adjustment on social assistance payments.

The technical process and procedures that support the Family Health Program were implemented. In April 1999, the Program will go live on the PHIP system.

Effective November 1, 1998, the Multiple Sclerosis Program went live on the PHIP System. This program has a limited formulary but has a large range of co-pay options.

### **Broadband Network**

The provincial wide area network was seamlessly transferred to broadband technology. This technology will enable Health to implement advanced technical solutions, such as Video conferencing, Tele-medicine and Tele-radiology.

## **PUBLIC HEALTH and EVALUATION SERVICES**

### ***Role***

The Public Health and Evaluation Division is responsible for providing support and provincial leadership in the areas of public health including health promotion, health protection, disease and injury prevention and healthy public policy. The Division also provides support to the Health System with program evaluation and research initiatives.

### ***Overview***

#### **PUBLIC HEALTH PROGRAMS**

The Public Health Programs Section has responsibility for: policy development and standards for Public Health Nursing, Community Nutrition, Diabetes Education, Environmental Health and Children's Dental Care Programs; participating in the PEI Reproductive Care Program; coordinating provincial strategies on HIV/AIDS and tobacco reduction; collaborating with the Regions and community groups on healthy public policy and; developing health education material.

#### **EVALUATION SERVICES**

Evaluation Services works with the five Health Regions to increase the capacity to conduct program evaluations and improve the planning and delivery of program and services available to all Islanders. The Section provides support and expertise in the areas of research and program evaluation to promote evidence based decision making.

#### **HEALTH INFORMATION RESOURCE CENTRE**

In operation since 1996, the Health Information Resource Centre provides Islanders with access to credible and timely information to help them make more informed choices about their health and the health of their families. Information is available by visiting the Centre in Charlottetown and telephone service as well as through its web and satellite sites in the other four health Regions.

#### **HEART HEALTH PROGRAM**

The Heart Health Program is a federally funded community-based research project, identifying approaches to reduce premature death and disability caused by cardiovascular disease through the promotion of heart health such as nutrition, activity, weight control and stress management. Based in the Eastern Kings Region the project is funded until March 2000.

**PUBLIC HEALTH and EVALUATION SERVICES (Cont'd)*****Highlights*****Heart Health**

In follow up to the 1997 Eastern Kings Health Survey and in collaboration with the Eastern Kings Region, the Heart Health project has developed a coalition consisting of volunteers from Eastern Kings communities, staff from the Eastern Kings Health Region, the Departments of Health and Social Services and Education, and the Heart and Stroke Foundation of Prince Edward Island.

Evaluation of the project reveals that the programs are robust with good community acceptance as indicated by high participation and satisfaction rates. Population behaviour and risk factor changes will be assessed in a repeat of the 1997 Health Survey in 2002.

**Evaluation Services**

Evaluation support was provided to a number of projects including: the Family Practice Project, QEH Emergency Department Telephone Advice Survey, the QEH Neonatal Care Client Satisfaction Study, and the Gambling Addiction Prevalence Survey.

A 1998 evaluation and progress report of the Choice and Opportunity Project was completed. Information provided by this evaluation assisted in determining future directions for the project.

Final evaluation reports on the Rape Crisis Centre, Transition House, and System Evaluation Project will be completed in September 1999.

**Diabetes**

The Diabetes Planning Committee completed a report with recommendations for improving diabetes services in Prince Edward Island. The recommendations are based on province-wide consultations with front line service providers, physicians, and Islanders with diabetes. The recommendations call for more regional diabetes clinics, better coordination and integration of diabetes services, comprehensive patient education materials, prevention and self-help programs. One full time staff position of the Queens Health Region and a provincial diabetes committee have been assigned to implement the recommendations.

**HIV/AIDS**

The Division co-sponsored the development of a comprehensive document, Blueprint of Care for persons newly diagnosed with HIV/AIDS, and also participated in the National Conference on HIV Post-Exposure Prophylaxis in the Non-Occupational Setting.

## **PUBLIC HEALTH and EVALUATION SERVICES (Cont'd)**

### **Health Education**

Health Education expanded its role to develop and procure public education materials for Department and Regional staff as well as Islanders involved in the development and delivery of health promotion and protection programs.

A number of community-based organizations and regional initiatives were given support to develop health education programs and resources, such as the PEI Women's Network, the Atlantic Breast Cancer Information Partnership, Baby Friendly Initiative, Southern King's Women's Health Conference and the Queen Elizabeth Hospital.

### **Nutrition**

A clearinghouse of nutrition-related resources produced by the Province and Health Canada was developed. The Division continues to distribute nutrition-related material to organizations and individuals across the province.

Input was provided into the development of Health Canada documents including Nutrition for a Healthy Pregnancy and Nutrition for Healthy Term Infants. As well, the Division participated in a number of Health Canada policy reviews such as the Addition of Vitamins and Minerals to Food and Nutrition Labelling.

A comprehensive evaluation of the PEI Prenatal Nutrition Intervention Program was initiated and will be completed in the Fall of 1999.

### **Dental Public Health**

Two new initiatives were undertaken by the Dental Division in 1998/99. Risk assessment screening was conducted in 17 Island schools to identify children with unmet dental needs. Dental Public Health staff, in cooperation with Public Health Nursing, initiated an "Early Childhood Dental Initiatives Program", whereby a dental hygienist attends well baby immunization clinics and screens children at either 15 or 18 months of age.

### **Tobacco Reduction**

The Department embarked on a collaborative process with the Health Regions and community organizations to develop a strategy for preventing and reducing tobacco use in Prince Edward Island, particularly among youth. An alliance of 15 organizations representing government and non-government agencies worked towards the development of a comprehensive three-year plan, that includes public education, community action, cessation and support, comprehensive school health, healthy public policy, and research.

## **PUBLIC HEALTH and EVALUATION SERVICES (Cont'd)**

### **PEI Reproductive Care Program**

This Program is a joint initiative between the Department and the Medical Society with the aim of optimizing fetal, maternal, newborn and family health during the prenatal through postnatal periods. Also under this Program, studies are being conducted in the following areas:

- The Indoor Air Quality and Health of Infants Study, in partnership with Health Canada and the Canada Mortgage and Housing Corporation is examining the relationship between indoor air quality and infants' health. The results of this five year study have the potential to lead to changes in building codes and to decrease the incidence of respiratory illness in children.
- The two year ALPHA pilot study was completed and funding was received through the Federal Health Transition Fund to take the results of the pilot and incorporate them into routine prenatal care across PEI. This initiative aims to have all pregnant women on PEI assessed by their physician for psychosocial risks such as stress, lack of social support, parenting issues, family violence, alcohol and drug use.

### **Health Information Resource Centre**

During the year the Centre responded to over 12,000 requests for information on health topics or referrals within the health system. Additionally, HIRC processed 1,047 registrations to the Provincial Patient Registry, and responded to over 3,000 requests for information on health topics or referrals within the health system.

The Health Information Resource Centre continues to work with the Canadian Health Network (CHN), a Health Canada initiative to improve national access to high-quality health information. The Centre also applied to be named the CHN's Eastern Regional Operating Partner. The comprehensive selection process will continue into the next fiscal year.

### **Intersectoral Initiatives**

Division staff represented the Department on a number of initiatives such as: Healthy Child Development Strategy, Interministerial Policy Forum, and the Premiers Action Committee of Family Violence Prevention. Staff were involved in facilitating, planning for provincial and regional strategic plans, and in other initiatives such as: International Year of the Older Person, Youth Employment Strategy, Prince County Asthma Education Committee, and Helmet Safety Coalition.

## **CORPORATE SERVICES**

### ***Role***

The primary function of the Corporate Services Division is to support and assist the Department by providing leadership and support in the areas of strategic planning, policy development, intergovernmental and external relations, human resource management, and legislation. In addition, the Division is responsible for providing Ministerial support and acting as a liaison to the Regional Health Authorities for corporate activities.

### ***Overview***

#### **PARTNERSHIPS & STRATEGIC PLANNING**

Responsibilities of the Partnerships & Strategic Planning Section include: strategic planning; broad based policy development; support to the Minister and Deputy Minister; and secretariat support to the Health System's senior management group which is comprised of the Deputy Minister, Regional CEOs and Department Directors.

#### **FEDERAL /PROVINCIAL RELATIONS and LEGISLATION**

The Federal/Provincial Relations component of this Section provides a liaison with the Federal Government and other Provinces and Territories on a variety of health related issues and in this capacity also functions as a support to the Conferences of Ministers and Deputy Ministers. Legislative responsibilities of the Section include: drafting and maintaining health & social policy related legislation; amending or preparing new regulations, interpreting laws and; analyzing program, policy and regulatory issues related to law.

#### **HUMAN RESOURCES**

The Human Resources Section provides support and advice to the management of human resources for the Department and Regions through responsibilities and coordination of activities including: human resource planning initiatives; organizational development; staffing; classification; labour relations; personnel services; staff training & development and; occupational health & safety.

## CORPORATE SERVICES (Cont'd)

### Highlights

#### Legislation

In the Spring and Autumn 1998 sittings of the Legislative Assembly, the following statutes were amended: *Health and Community Services Act*, *Chiropractic Act*, *Pharmacy Act*, *Public Health Act*, *Social Work Act*, *Rental of Residential Property Act*.

During the year, the following amendments or new regulations were enacted: Public Health Notifiable and Communicable Diseases Regulations, Welfare Assistance Regulations, Health and Community Services Regulations, Licensed Assistants Licensure Regulations, Pharmacy Authorization Regulations, and Pharmacy Standards Regulations.

The *Act to Amend the Medical Act* enacted on May 29, 1997 was proclaimed into force on September 8, 1998.

#### Regional Board Elections

Board membership on the five Regional Health Authorities will be moving to a combination of elected and appointed members beginning in the Fall of 1999 with the full transition to occur by the Fall of 2001. Working in partnership with Elections PEI and the Legislative Council Office the Division began the process of developing the transition process, election guidelines and required Regulations.

#### Labour Relations

A conversion to the Willis Classification System for employees of the Department of Health & Social Services was completed in December 1998.

Classification conversions for regional employees who are members of UPSE Health, IUOE, and PEINU are pending.

A Reciprocal Agreement for excluded employees was signed between the Regional Health Authorities and Province. The Agreement enables excluded employees to move between the Regions and Public Service, recognizing service and benefit entitlements. A similar arrangement for UPSE Health was under review at fiscal year end.

## **CORPORATE SERVICES (Cont'd)**

### **Federal/ Provincial Relations**

The Conference of Federal/Provincial/Territorial Ministers and Deputy Ministers of Health dealt with reports from the Canadian Council on Health Technology Assessment (CCOHTA), the Canadian Institute for Health Information (CIHI) and the Chief Information Officer's Forum, particularly the issue of Y2K.

In September, 1998 the Minister for Prince Edward Island assumed the role of Chair of the Conference of Provincial/Territorial Ministers of Health and co-chair of the F/P/T Ministers. The PEI Deputy Minister assumed the same role for the Conference of Deputy Ministers of Health. Priority areas of work included: Health Human Resources; Home Care/Continuing Care; Pharmaceutical Issues; Aboriginal Health; Health System Funding; Children; Public Health Protection; and Health System Infrastructure, particularly the Y2K issue.

As well, a Framework Agreement for Hepatitis C called "1986-90 Hepatitis C Settlement Agreement" was reached in December 1998 between counsel for the plaintiffs and counsel representing the Federal, Provincial and Territorial governments.

### **Human Resource Planning**

A human resource committee was established to review the staff demographics and recruitment/retention issues to establish a human resource plan for the Health & Social Services System. A succession planning document is being prepared which will establish the direction for staff development to meet the needs of both the Department and Regions within the next three years.

A Nursing Resource Planning Workshop with representation from the Department, Health Regions, professional associations, registration board, education institutions and unions was held to identify solutions to address the most pressing nursing resource concerns. All program and service areas requiring nursing resources were represented including acute care, long term care, home care, public health, addictions and mental health. Recognizing the main concern was the permanent, temporary and casual replacement of staff for the 1999 summer period, five short term priority solutions were identified which also had the potential for effecting long term results. The five priorities were: (i) convert casual salary budgets/positions to permanent positions where possible; (ii) create temporary/float positions; (iii) increase the percentage guarantee time for part time positions; (iv) create temporary positions; and (v) pre-book casuals.

## CHIEF HEALTH OFFICER

### **Role**

The mandate of the Chief Health Officer is to administer and enforce the *Public Health Act* and Regulations, supervise and direct immunization programs as well as communicable and other disease control measures; and coordinate chronic disease surveillance and related research projects.

### **Overview**

The Chief Health Officer (CHO) monitors the 50 reportable communicable diseases in the Province and provides control measures as required. In addition, non-communicable diseases are also addressed by the CHO as they affect the health of the public. Supervision of immunization programs and providing guidelines to Public Health Nurses who administer vaccines is another key responsibility as is leading specific research and development projects such as the PEI Nutrition Study and Diabetes Registry.

### **Highlights**

#### **Pneumococcal Vaccine**

Pneumococcal vaccine was provided to all residents of both private and government Senior Citizens' facilities on PEI. In addition, the vaccine was also provided free of charge to all residents in the community who were 75 years of age and older. A total of approximately 5,000 doses of vaccine was administered as a part of this program.

#### **Blood Transfusion Notification**

A notification program was conducted of all residents of PEI who were known to have received a blood transfusion in a Nova Scotia or Island hospital between January 1, 1984 and June 1, 1990. Letters were received by 100% of 2,410 blood recipients and 1,837 (76%) were tested for hepatitis C. A total of 18 persons who were not known to have hepatitis C previously but who tested for hepatitis C were found to be positive as a result of the notification program.

## STATISTICAL HIGHLIGHTS

### ACUTE CARE HOSPITAL UTILIZATION\*

#### Number of Acute Care Hospital Beds

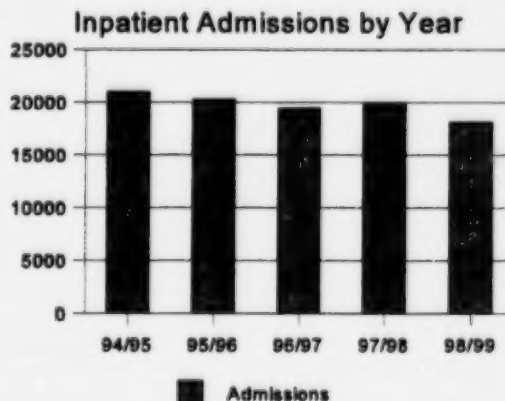
The total number of provincially approved inpatient hospital beds has remained constant at 474. PEI patients also utilize the equivalent of 50 hospital beds out of province for a total of 524 beds, equivalent to 3.8 beds per 1000 population.

#### In Province Hospital Data

##### Inpatient Admissions

The total number of inpatient admissions decreased from 19,769 in 1997/98 to 18,148 in 1998/99. This continued decline in admissions may be attributed in part to increases in the number of day surgery and outpatient procedures.

The number of inpatient days in PEI hospitals totaled 144,189. The average length of stay was 7.9 days, a decrease from 8.1 days in 1997/98.



#### Reasons for Admission to Hospital

The most common reasons for admission to hospital, based on the total number of days stay are: labor, delivery, and newborn; depression; pneumonia; acute myocardial infraction; and congestive heart failure.

Other common diagnosis include gall bladder disease, abdominal disease, asthma and other respiratory diseases, and convalescence after surgery.

Some variation exists in the reasons for admission to rural hospitals in comparison to the QEH and PCH.

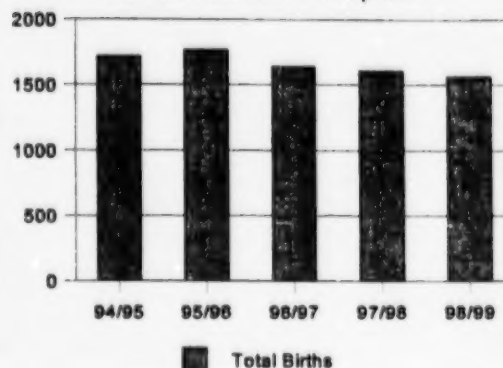
\* All data is self reported from individual hospitals and includes resident and non-resident admissions.

## Births

The total number of births for 1998/99 was 1566, which includes twenty-five (25) births in out of province hospitals. This represents a decline of 67 births from the 1997/98 total of 1608. Approximately 1000 of these births occurred at the QEH.

The total number of newborn patient days decreased from 6158 during the year to 5029, and average length of stay for newborns decreased from 3.8 days in 1997/98 to 3.2 days in 1998/99, consistent with the introduction of early maternal discharge programs.

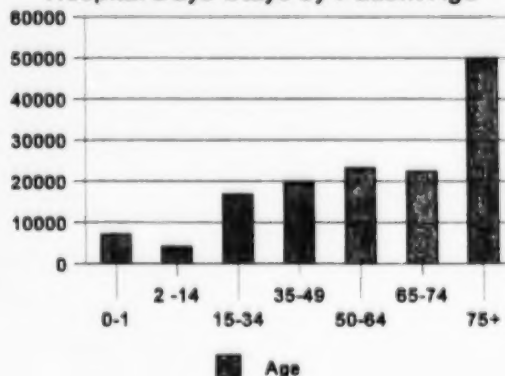
**Total Births in Hospital**



## Hospital Days by Age Category

Most inpatient hospital days (50,054) are incurred by individuals 75 years and older. This represents 35% of total hospital days used by all age groups combined. At the QEH and PCH hospital patients 65 years and over utilize 47% of inpatient days. In the rural hospitals, patients 65 and over account for 65-75% of hospital days.

**Hospital Days Stays by Patient Age**

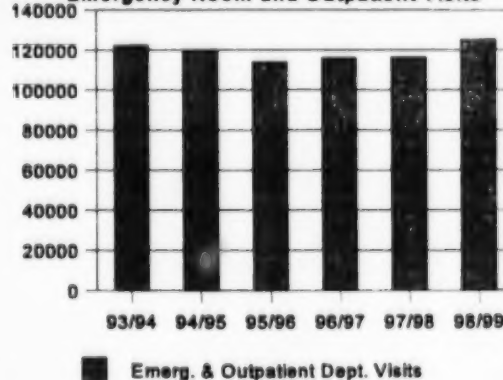


## Emergency Room and Outpatient Visits

Provincial emergency room and outpatient visits increased to 125,062 in 1998/99 from 116,272 in 1997/98.

To facilitate comparison with previous years, an additional 10,858 outpatient department visits at the QEH are not included in this total.

**Emergency Room and Outpatient Visits**

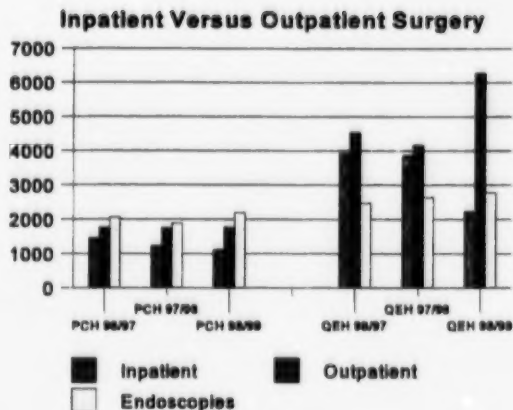


### Inpatient and Outpatient Surgeries

Inpatient surgery has remained relatively stable at PCH and declined at QEH from 3,869 in 1997/98 to 2,230 in 1998/99.

Outpatient surgeries have increased at QEH from 4,160 in 1997/98 to 6,276 in 1998/99.

The total number of endoscopies at the QEH increased from 2,647 in 1997/98 to 2,788 in 1998/99. At the PCH the increase was from 1,884 in 1997/98 to 2,190 in 1998/99.



### Out of Province Hospital Data

#### Outpatient Services

- 6,771 PEI residents made 16,351 visits to out of province outpatient departments.

#### Inpatient Services

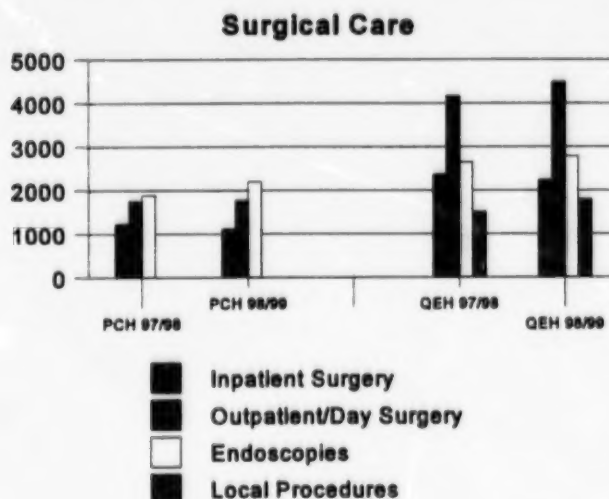
- 1,726 Islanders were treated as inpatients in out of province facilities. Total admissions were 2,246 and a total of 18,397 hospital days were utilized.
- The average length of stay was 8 days.

### Surgical Care

At the QEH, the total number of inpatient surgeries decreased slightly in 1998/99, while the number of out patient surgeries and local procedures increased slightly.

At the PCH, inpatient surgeries decreased slightly while out patient surgeries remained relatively constant.

There has been an increase in the number of endoscopies performed at both QEH and PCH.



### Out of Province Hospital Data

#### Outpatient Services

- 6,771 PEI residents made 16,351 visits to out of province outpatient departments.

#### Inpatient Services

- 1,726 Islanders were treated as inpatients in out of province facilities. Total admissions were 2,246 and a total of 18,397 hospital days were utilized.
- The average length of stay was 8 days.



**PHYSICIAN COMPLEMENT**

AS OF MARCH 1999

|                           | Physician Resource<br>Planning Committee<br>Approved Complement | Filled Positions<br>(Full-Time Equivalent) |
|---------------------------|-----------------------------------------------------------------|--------------------------------------------|
| Family Practice           | 70                                                              | 69                                         |
| Addiction Services        | 2                                                               | 1                                          |
| Emergency Room Physicians | 5                                                               | 5                                          |
| <b>SPECIALITIES</b>       |                                                                 |                                            |
| Anaesthesia               | 7                                                               | 6                                          |
| Dermatology               | 1                                                               | 1                                          |
| Internal Medicine         | 10.2                                                            | 10.2                                       |
| Neurology                 | 1                                                               | 1                                          |
| Obstetrics/Gynecology     | 7                                                               | 7                                          |
| Ophthalmology             | 4                                                               | 4                                          |
| Otolaryngology            | 3                                                               | 3                                          |
| Pediatrics                | 6                                                               | 6                                          |
| Psychiatry                | 10                                                              | 8.1                                        |
| Surgery: General          | 7                                                               | 7                                          |
| Orthopedic                | 3                                                               | 3                                          |
| Plastics                  | 2                                                               | 2                                          |
| Urological                | 2                                                               | 2                                          |
| Physical Medicine         | 1                                                               | 1                                          |
| Oncology **               | 2.5                                                             | 2.5                                        |
| Radiology                 | 7.5                                                             | 5.7                                        |
| Lab. Physicians           |                                                                 |                                            |
| Pathology                 | 4                                                               | 3                                          |
| Microbiology              | 1                                                               | 1                                          |
| Hematology                | .5                                                              | .5                                         |
| <b>TOTALS</b>             | 156.7                                                           | 149                                        |

\*\* Includes Radiation Oncology

Medical Services were also provided by an additional 44 non-complement physicians, 9 of whom were specialist.

**LONG TERM (CONTINUING) CARE****Beds by Region - 1998/1999**

| Region         | Nursing Homes <sup>1</sup> |                  |                    | Community Care Facilities <sup>2</sup> |
|----------------|----------------------------|------------------|--------------------|----------------------------------------|
|                | Private                    | Public(Manors)   | Total <sup>4</sup> |                                        |
| West Prince    | --                         | 65               | 65                 | 77                                     |
| East Prince    | 46                         | 172              | 218                | 164                                    |
| Queens         | 318                        | 210 <sup>3</sup> | 528                | 353                                    |
| Southern Kings | 31                         | 51               | 82                 | 106                                    |
| Eastern Kings  | --                         | 53               | 53                 | 32                                     |
| TOTAL          | 395                        | 551              | 946                | 732                                    |

1. Provides level 4-5 care (Licensed).

2. Provides level 1-3 care (Licensed).

3. Excludes 56 (extended and palliative care) beds at Prince Edward Home.

4. Includes 10 respite beds in manors.

**CHILDREN in CARE**  
**1996-1999\***

|               | 31 March 1996 |            | 31 March 1997 |            | 31 March 1998 |            | 31 March 1999 |            |
|---------------|---------------|------------|---------------|------------|---------------|------------|---------------|------------|
| Age Groups    | Male          | Female     | Male          | Female     | Male          | Female     | Male          | Female     |
| 0 - 11        | 51            | 38         | 45            | 34         | 53            | 57         | 44            | 42         |
| 12 - 14       | 17            | 22         | 25            | 23         | 28            | 32         | 20            | 18         |
| 15+           | 30            | 35         | 28            | 49         | 42            | 78         | 30            | 60         |
| <b>Totals</b> | <b>112</b>    | <b>152</b> | <b>98</b>     | <b>106</b> | <b>123</b>    | <b>166</b> | <b>94</b>     | <b>120</b> |

\*All information given is for the number of children in care at 31 March of each year.

**By Region at March 31, 1999:**

|                |            |
|----------------|------------|
| West Prince    | 25         |
| East Prince    | 44         |
| Queens         | 111        |
| Southern Kings | 17         |
| Eastern Kings  | 9          |
| Adoptive Homes | 8          |
| <b>TOTAL:</b>  | <b>214</b> |

**MAJOR PROGRAMS as a PERCENTAGE of TOTAL BUDGET**

|                                   | 1997-1998    | 1998-1999    |
|-----------------------------------|--------------|--------------|
| Acute Care                        | 25.9         | 27.1         |
| Financial Assistance              | 13.7         | 12.7         |
| Medical Services                  | 16.4         | 17.4         |
| Child and Family                  | 5.5          | 6.4          |
| Long-Term Care                    | 8.3          | 8.3          |
| Community Grants                  | 3.7          | 3.9          |
| Mental Health                     | 3.7          | 3.8          |
| Public Health Nursing             | 0.6          | 0.6          |
| Environmental Health              | 0.1          | 0.1          |
| Pharmacy                          | 3.0          | 2.9          |
| Addictions                        | 1.3          | 1.4          |
| Corrections                       | 3.2          | 0            |
| Home Care                         | 1.5          | 1.7          |
| Housing                           | 1.3          | 1.3          |
| Cdn. Blood Service, Ambulance     | 1.1          | 1.4          |
| Dental                            | 0.7          | 0.7          |
| Operating, Special Projects, Debt | 10.0         | 10.3         |
| <b>TOTAL</b>                      | <b>100.0</b> | <b>100.0</b> |

## Appendix "A"

**Division of Vital Statistics  
1998-1999**

The Office of Vital Statistics is responsible for the collection, registration and maintenance of vital event information for the Province, this includes: births, deaths, marriages, adoptions, divorces, stillbirths, and change of name. Vital event information is used to support a National, and a Provincial statistical system, both for population information and health information. This information is used by Researchers and Health Planners in particular for determining the population's health and necessary health services. Another significant function of Vital Statistics is providing persons born in Prince Edward Island with a legal status or identity by way of the birth registration process. This process is the first official step in a person's right to a legal identity and is the country's first official recognition of a person's existence. Persons born in PEI can obtain a birth certificate which is an electronic extract of information obtained through the birth registration process. The use of birth certificates as a primary source of legal identification has increased over the last number of years. Most government and private organizations require birth certificates when determining a person's eligibility for programs or services.

The collection of registrations is decentralized to 19 population centres. Deputy district registrars forward registrations to the Director of Vital Statistics for verification, processing and permanent filing. Provincial, national and international standards, are required for these procedures as information is provided to Statistics Canada for further processing and reporting to the World Health Organization (WHO) where the data is tabulated and reported worldwide.

The office administers the *Vital Statistics Act*, as well as the *Change of Name Act*, the *Marriage Act* and ensures the effective recording of court orders issued under the *Adoption Act* and the *Child Status Act*. The office also issues marriage licenses and registers Clergy for the purpose of performing the marriage ceremony.

## Appendix "A" (cont'd)

**REGISTRATIONS, CERTIFICATES AND OTHER DOCUMENTS PROCESSED**

(These figures are based on the calendar year)

**REGISTRATION ACCEPTED UNDER THE VITAL STATISTICS ACT:**

|                                                         | <u>1997</u>  | <u>1998</u>  |
|---------------------------------------------------------|--------------|--------------|
| Birth Registrations .....                               | 1,570        | 1,476        |
| Marriage Registrations .....                            | 876          | 881          |
| Death Registrations .....                               | 1,012        | 1,133        |
| Stillbirth Registrations .....                          | 5            | 4            |
| Adoptions Registration .....                            | 30           | 37           |
| Divorce Decrees .....                                   | 243          | 308          |
| Delayed Registrations .....                             | 8            | 8            |
| <b>TOTAL REGISTRATIONS RECEIVED .....</b>               | <b>3,744</b> | <b>3,847</b> |
| Amendments of Birth registration due to marriage        | 38           | 51           |
| *Corrections/Amendments (other) to registrations .....  | 6,092        | 6,024        |
| Changes of name recorded under Change of Name Act ..... | 48           | 41           |

**CERTIFICATES ISSUED UNDER VITAL STATISTICS ACT**

|                                                              |              |              |
|--------------------------------------------------------------|--------------|--------------|
| Birth (short form or wallet size) .....                      | 4,302        | 4,439        |
| Birth (long form) .....                                      | 300          | 316          |
| Marriage .....                                               | 351          | 401          |
| Death .....                                                  | 107          | 145          |
| <b>Total Certificates .....</b>                              | <b>5,060</b> | <b>5,301</b> |
| <b>Marriage Licenses issued under the Marriage Act .....</b> | <b>875</b>   | <b>889</b>   |

\*Includes amendments completed for maintenance of Statistics Canada records (no fees).

## Appendix "A" (cont'd)

**VITAL STATISTICS**  
**PRINCE EDWARD ISLAND 1993 - 1997**

|                             | 1993  | 1994  | 1995  | 1996  | 1997  |
|-----------------------------|-------|-------|-------|-------|-------|
| Population                  | 132.5 | 134.5 | 136.1 | 137.3 | 137.2 |
| Live Births by Residence *  | 1,754 | 1,716 | 1,754 | 1,694 | 1,591 |
| Rate per 1000               | 13.2  | 12.8  | 12.9  | 12.3  | 11.6  |
| Live Births by Occurrence   | 1,737 | 1,693 | 1,746 | 1,663 | 1,570 |
| Rate per 1,000 Population   | 13.1  | 12.6  | 12.8  | 12.1  | 11.4  |
| Deaths by Residence         | 1,145 | 1,114 | 1,155 | 1,268 | 1,030 |
| Rate per 1,000 Population   | 8.6   | 8.3   | 8.5   | 9.2   | 7.5   |
| Deaths by Occurrence        | 1,131 | 1,094 | 1,142 | 1,252 | 1,023 |
| Rate per 1,000 Population   | 8.5   | 8.1   | 8.4   | 9.1   | 7.5   |
| Natural Population Increase | 623   | 602   | 599   | 426   | 561   |
| Rate per 1,000 Population   | 4.7   | 4.4   | 4.4   | 3.1   | 4.1   |
| STILLBIRTHS                 |       |       |       |       |       |
| 22wks TO 27wks gestation    | 3     | 4     | 3     | 2     | 0     |
| Rate per 1,000 births       | 1.7   | 2.3   | 1.7   | 1.5   |       |
| 28+ weeks gestation         | 7     | 9     | 10    | 5     | 4     |
| Rate per 1,000 live births  | 4.0   | 5.2   | 5.7   | 3.6   | 2.5   |
| Marriages                   | 885   | 850   | 871   | 924   | 876   |
| Rate per 1,000 population   | 6.7   | 6.3   | 6.4   | 6.7   | 6.4   |
| Divorces                    | 228   | 253   | 261   | 220   | 243   |
| Rate per 100,000 population | 172.8 | 188   | 191.7 | 160.2 | 177.1 |

*Appendix "B"*

**Welfare Assistance Program  
1998-1999**

The *Welfare Assistance Act*, RSPEI 1988, Cap. W-3, provides for the Welfare Assistance Program, which is a financial program for the individual (family) who is unable to provide for themselves the basic necessities (i.e. food, clothing, shelter) or to meet special emergency situations of need. While Welfare Assistance is generally a cash payment, the service may be supplemented by support services such as problem-solving and referral services. This supplementary service is provided in those situations where the need is most obvious or critical. Appropriate referrals are made to other agencies where complementary services may be obtained. Staff also assist in the development of re-employment or retraining plans with individual clients, as well as helping clients explore alternative sources of financial support.

Although the Welfare Assistance Program is, in the first instance, a cash payments service, there is a parallel expectation to ensure that preventive and rehabilitative measures are taken where possible to assist the applicant or beneficiary to return to, or to develop toward, some level of independent functioning. Hence, the worker delegated to deliver the service is obligated, together with the client, to ensure a service plan is developed with tasks or activities that are directed toward increased self-sufficiency.

The Family Support Orders Program is one component of service under the Welfare Assistance Program. It continues to obtain maintenance payments from non-custodial parents of children in need of financial assistance. These payments help to provide a better base of income for families when they are able to exit their income support program. They have also contributed to a reduction in the Welfare Assistance caseload and in overall spending for the year. During 1998, the program reduced the Welfare Assistance caseload by 50 cases and Welfare Assistance expenditures by more than \$240,000. There continues to be over 800 files pending recovery within this program.

Reorganization of the intake process in the last few years has led to significantly enhanced Job Creation and Employment Enhancement Programs. Employability assessments are being completed in a timely fashion, with an increasing number of clients being placed at work or in training programs suited to their individual needs. Private sector placements continue to be a priority for placements and clients are more aggressively marketing themselves through the use of wage subsidies. During 1998/99, 978 people were placed in short-term employment through the Job Creation Program and 1,075 people were placed in training through the Employment Enhancement Program. This represents more than a 100% increase over last year's placements with less than a 30% increase in spending.

The many and varied activities of the Regional Health Authorities have contributed to the following results in the fiscal year 1998/99:

- A decrease in the Welfare Assistance caseload of 5.9 % (321 cases) from the previous year. This brings the yearly caseload down to a figure of 5,144, representing a record low for this decade.
- A decrease in Welfare Assistance expenditures by 6.2% from the previous year. Expenditures have gone from \$38.3 million to \$35.9 million. This represents the fifth straight year in which expenditures have been reduced for this program.

*Appendix "B" (cont'd)*

Delivery of the Welfare Assistance Program occurs with the cooperation of the five Regional Health Authorities. Continued efforts have been made to ensure the most effective and efficient use of resources through verification of information, assessment and documentation of client's needs and abilities, and through speedy referrals to employment-related services. As our more employable clients reach a point of self-sufficiency, we are now turning our attention to recipients who face multiple barriers to employment.

**Welfare Assistance Caseload  
1992-1999**

| <b>Fiscal Year</b>           | <b>1992/93</b> | <b>1993/94</b> | <b>1994/95</b> | <b>1995/96</b> | <b>1996/97</b> | <b>1997/98</b> | <b>1998/99</b> |
|------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| <b>Average Monthly Cases</b> | 5,836          | 6,207          | 6,103          | 5,741          | 5,562          | 5,465          | 5,143          |
| <b>% Change</b>              | +10.8%         | +6.4%          | -1.7%          | -5.9%          | -3.1%          | -1.7%          | -5.9%          |
| <b>Total Program Costs</b>   | \$42.8M        | \$45.5M        | \$42.9M        | \$40.0M        | \$38.6M        | \$38.3M        | \$35.9         |
| <b>% Change</b>              | +12.6%         | +6.3%          | -5.8%          | -6.8%          | -3.5%          | -0.8%          | -6.2%          |

**Welfare Assistance Appeals Board  
Activity by Region in 1998/99**

| <b>Region</b>         | <b>Appeals Received</b> | <b>Appeals Denied</b> | <b>Appeals Granted</b> | <b>Appeals Dismissed</b> |
|-----------------------|-------------------------|-----------------------|------------------------|--------------------------|
| <b>West Prince</b>    | 3                       | 3                     | 0                      | 0                        |
| <b>East Prince</b>    | 30                      | 20                    | 7                      | 3                        |
| <b>Queens</b>         | 49                      | 36                    | 9                      | 4                        |
| <b>Southern Kings</b> | 12                      | 9                     | 3                      | 0                        |
| <b>Eastern Kings</b>  | 3                       | 2                     | 1                      | 0                        |
| <b>Total</b>          | <b>97</b>               | <b>70</b>             | <b>20</b>              | <b>7</b>                 |

## Appendix "C"

## Financial Statements

| <b>Section/Division</b>                               | <b>1998-1999<br/>Estimates</b> | <b>1998-1999<br/>Actuals</b> | <b>Variance</b> |
|-------------------------------------------------------|--------------------------------|------------------------------|-----------------|
| <b>Office of the Deputy Minister</b>                  |                                |                              |                 |
| Administration                                        | 21,500                         | 15,279                       |                 |
| Equipment                                             | 500                            | -                            |                 |
| Materials and Contract Services                       | 1,500                          | 640                          |                 |
| Professional and Contract Services                    | 11,000                         | -                            |                 |
| Salaries                                              | 215,100                        | 213,847                      |                 |
| Travel and Training                                   | 25,500                         | 28,595                       |                 |
| Grants                                                | <u>2,000</u>                   | <u>-</u>                     |                 |
|                                                       | 277,100                        | 258,361                      | 18,739          |
| <b>Office of the Chief Health Officer</b>             |                                |                              |                 |
| Administration                                        | 8,700                          | 9,488                        |                 |
| Equipment                                             | 1,000                          | 9,981                        |                 |
| Materials, Supplies and Services                      | 109,000                        | 167,024                      |                 |
| Professional and Contract Services                    | 5,000                          | 51,912                       |                 |
| Salaries                                              | 370,300                        | 351,847                      |                 |
| Travel and Training                                   | <u>17,500</u>                  | <u>8,508</u>                 |                 |
|                                                       | 511,500                        | 598,760                      | (87,260)        |
| <b>Medical Services</b>                               |                                |                              |                 |
| Administration                                        | 23,400                         | 57,562                       |                 |
| Equipment                                             | 1,000                          | 738                          |                 |
| Materials, Supplies and Services                      | 3,000                          | 15,612                       |                 |
| In Province Physician Fees                            | 31,707,900                     | 32,621,184                   |                 |
| Salaries                                              | 691,000                        | 716,225                      |                 |
| Travel and Training                                   | <u>31,900</u>                  | <u>45,450</u>                |                 |
|                                                       | 32,458,200                     | 33,456,771                   | (998,571)       |
| <b>Finance, Administration and Health Informatics</b> |                                |                              |                 |
| Administration                                        | 874,200                        | 453,185                      |                 |
| Debt                                                  | 5,400,000                      | 5,321,839                    |                 |
| Equipment                                             | 1,125,500                      | 600,777                      |                 |
| Materials, Supplies and Services                      | 484,300                        | 1,007,211                    |                 |
| Professional and Contract Services                    | 816,500                        | 1,640,818                    |                 |
| Salaries                                              | 2,339,200                      | 2,087,691                    |                 |
| Travel and Training                                   | 116,600                        | 98,498                       |                 |
| Grants                                                | <u>7,150,800</u>               | <u>7,193,017</u>             |                 |
|                                                       | 18,307,100                     | 18,403,036                   | (95,936)        |
| <b>Corporate Services</b>                             |                                |                              |                 |
| Administration                                        | 33,500                         | 17,816                       |                 |
| Equipment                                             | 1,000                          | -                            |                 |
| Materials, Supplies and Services                      | 23,000                         | 1,951                        |                 |
| Professional and Contract Services                    | 41,800                         | 9,988                        |                 |
| Salaries                                              | 655,800                        | 616,253                      |                 |
| Travel and Training                                   | <u>44,500</u>                  | <u>21,891</u>                |                 |
|                                                       | 799,600                        | 667,899                      | 131,701         |

## Appendix "C" (cont'd)

| <b>Section/Division</b>                             | <b>1998-1999<br/>Estimates</b> | <b>1998-1999<br/>Actuals</b> | <b>Variance</b>     |
|-----------------------------------------------------|--------------------------------|------------------------------|---------------------|
| <b>Acute and Continuing Care</b>                    |                                |                              |                     |
| Administration                                      | 25,800                         | 35,173                       |                     |
| Equipment                                           | 70,000                         | 32,746                       |                     |
| Materials, Supplies and Services                    | 532,200                        | 604,902                      |                     |
| Professional and Contract Services                  | -                              | 126,978                      |                     |
| Out of Province Physicians                          | 2,714,100                      | 3,185,193                    |                     |
| Out of Province Hospital Services                   | 13,938,500                     | 14,192,119                   |                     |
| Ambulance Program                                   | 2,182,900                      | 2,355,865                    |                     |
| Blood Services                                      | 1,800,000                      | 3,556,457                    |                     |
| Salaries                                            | 996,500                        | 982,977                      |                     |
| Travel and Training                                 | <u>46,900</u>                  | <u>49,625</u>                |                     |
|                                                     | 22,306,900                     | 25,122,035                   | (2,815,135)         |
| <b>Public Health and Evaluation Services</b>        |                                |                              |                     |
| Administration                                      | 37,100                         | 51,578                       |                     |
| Equipment                                           | 9,600                          | 16,239                       |                     |
| Materials, Supplies and Services                    | 21,200                         | 32,550                       |                     |
| Professional and Contract Services                  | 63,400                         | 108,470                      |                     |
| Salaries                                            | 866,500                        | 1,017,897                    |                     |
| Travel and Training                                 | 40,000                         | 35,599                       |                     |
| Choice and Opportunity Program Grants               | -                              | <u>808,492</u>               |                     |
|                                                     | 1,037,800                      | 2,070,825                    | (1,033,025)         |
| <b>Child, Family and Community Services</b>         |                                |                              |                     |
| Administration                                      | 29,500                         | 54,469                       |                     |
| Equipment                                           | -                              | 14,484                       |                     |
| Materials, Supplies and Services                    | 5,500                          | 21,414                       |                     |
| Professional and Contract Services                  | 10,800                         | 129,048                      |                     |
| Salaries                                            | 1,159,100                      | 1,182,312                    |                     |
| Travel and Training                                 | 41,400                         | 70,834                       |                     |
| Grants                                              | -                              | <u>4,000</u>                 |                     |
|                                                     | 1,246,300                      | 1,476,561                    | (230,261)           |
| <b>Total Department</b>                             | <b>76,944,500</b>              | <b>82,054,248</b>            | <b>(5,109,748)</b>  |
| <b>Regionally Delivered Services</b>                | <b>205,053,200</b>             | <b>217,205,156</b>           | <b>(12,151,956)</b> |
| <b>Total Health &amp; Community Services System</b> | <b>281,997,700</b>             | <b>299,259,404</b>           | <b>(17,261,704)</b> |
| <b>Department Revenue</b>                           |                                |                              |                     |
| Federal                                             | 3,248,800                      | 5,703,937                    |                     |
| Licenses and Permits                                | 63,200                         | 92,880                       |                     |
| Fees and Services                                   | 226,900                        | 217,668                      |                     |
| Sales                                               | 300,000                        | 285,359                      |                     |
| Investments                                         | <u>750,000</u>                 | <u>829,894</u>               |                     |
|                                                     | 4,588,900                      | 7,129,738                    | 2,540,838           |
| <b>Regional Revenue</b>                             | <b>13,032,200</b>              | <b>13,674,209</b>            | <b>642,009</b>      |
| <b>Total Revenue</b>                                | <b>17,621,100</b>              | <b>20,803,947</b>            | <b>3,182,847</b>    |